PATENT APPLICATION TFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE licant: G. Huber et al.) Serial No.: 10/730,212 Art Group: 1755 Filed : December 5, 2003 For : Polymeric Dispersant Docket No.: C-586

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT under 37 C.F.R. 1.97 (c)

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

As a means of complying with the duty of disclosure, Applicants submit a "Supplemental List of References Cited by Applicant" on a modified PTO-1449 form and provide a copy of each of the listed references for consideration by the Examiner.

Pursuant to 37 C.F.R. 1.97 (e)1 Applicants submit that the documents contained in this Information Disclosure Statement were cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this supplemental Information Disclosure Statement.

Applicants request consideration of this information.

Respectfully submitted

Sidney Persley, Asq. Attorney for Applicants Registration No. 34,898 Telephone (973) 404-6530

Sun Chemical Corporation Law Division 35 Waterview Blvd. Parsippany, NJ 07054

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop DD, Commissioner for Patents, P. Box 1450, Alexandria, VA 22313-1450 on June 15, 2005

/ IF		RMATION DISCLOSUR	F CITATION	C-586 10/730,212 Applicant(s)						
•	in Caro	(Use several sheets if necess	sary) ,	•	G. Huber et al.		A X 1. 14			
. JUN 1 7	1 7 2005 (Use several sheets if necessary)				Filing Date 12/5/03		Group Art Unit 1755			
d.	- N		U.S	S. PATENT	DOCUMENTS	•				
EXAMELE ALL INITIAL	EMA REI	DOCUMENT NUMBER	DATE	NAME		CLASS	SUBCLASS	FILING DATE IF APPROPRIATE		
	AI	4,661,582	04/28/87	McCready		528	528 292		05/05/86	
·	AJ	6,110,264	08/29/00	Banning et al.		106	106 31.29		06/25/98	
		,								
			U.S. PATEN	T APPLIC	ATION PUBLICATIONS		<u> </u>	<u> </u>		
EXAMINER INITIAL	REF DOCUMENT NUMBER		DATE	DATE NAME		CLASS	SUBCLASS	FILING DATE IF APPROPRIATE		
]	FORE	IGN PATI	ENT DOCUMENTS	<u> </u>				
	REF DOCUMENT NUMBER		DATE	1	COUNTRY		SUBCLASS	Translation		
				<u> </u>		CLASS		YES	NO	
					·					
	L		OTHER 1	DOCUME	NTS (Including Au	thor, Title, Date, Po	ertinent Pages, E	(tc.)		
										
EXAMINER					DATE CONSIDERED					
		ial if citation considered, whethen clude copy of this form with ne			nce with MPEP Section 60	9; Draw line throu	igh citation if no	t in conform	ance and	
										